

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.
Grassy Mountain Facility
Inspection Record

TYPE: **Daily**
 FORM: **RD11**

Date of Inspection: _____ Time: _____ AM/PM

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LEACHATE STORAGE TANK SYSTEM

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT Check the following for proper operation:	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
LEACHATE STORAGE TANK SYSTEM:	1. Manual operating valves				
	2. High level alarms				
	3. Check valve, piping & pumps				
	4. Discharge controls				
SECONDARY CONTAINMENT:	Check for liquid in sumps.				
	Check area around tank system for evidence of leaking (discoloration, etc.)				
	Check for cracks in the cement				
TANK SYSTEMS:	Check for liquid level log for entry.				
	Check for evidence of corrosion, deterioration, or leaking (ancillary equipment).				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO